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PTO/SB/21 (08-00)

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## TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

		Application Number	09/708,450
		Filing Date	November 9, 2000
		First Named Inventor	Nakamura et al.
		Group Art Unit	2811
		Examiner Name	Douglas W. Owens
Total Number of Pages in This Submission	<>>	Attorney Docket Number	501.39149X00

### ENCLOSURES (check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Assignment Papers (for an Application)	<input type="checkbox"/> After Allowance Communication to Group
<input checked="" type="checkbox"/> Fee Attached	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Amendment / Reply	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Status Letter
<input checked="" type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): <i>Credit Card Payment Form</i>
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Request for Refund	
<input type="checkbox"/> Certified Copy of Priority Documents	<input type="checkbox"/> CD, Number of CD(s) <<TEXT>>	
<input type="checkbox"/> Response to Missing Parts/ Incomplete Application		
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		

Remarks

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### SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual Name	DAVID C. OREN, REG. NO. 38,694
Signature	
Date	AUGUST 15, 2002

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# FEE TRANSMITTAL for FY 2002

Patent fees are subject to annual revision.

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<b>TOTAL AMOUNT OF PAYMENT</b>		(\$) <b>400.00</b>	

<b>METHOD OF PAYMENT</b>				<b>FEES CALCULATION (continued)</b>																																																																																																																																																														
<p>1. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees and credit overpayments to:</p> <p>Deposit Account Number 01-2135            Deposit Account Name ATSK &amp; LLP</p> <p><input checked="" type="checkbox"/> Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17</p> <p><input type="checkbox"/> Applicant Claims small entity status. See 37 CFR 1.27</p>				<p>3. <b>ADDITIONAL FEES</b></p> <table border="1"> <thead> <tr> <th>Fee Code</th> <th>Large Entity Fee (\$)</th> <th>Small Entity Fee (\$)</th> <th>Fee Description</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr> <td>105</td> <td>130</td> <td>205</td> <td>65 Surcharge – late filing fee or oath</td> <td></td> </tr> <tr> <td>127</td> <td>50</td> <td>227</td> <td>25 Surcharge – late provisional filing fee or cover sheet</td> <td></td> </tr> <tr> <td>139</td> <td>130</td> <td>139</td> <td>130 Non-English specification</td> <td></td> </tr> <tr> <td>147</td> <td>2,520</td> <td>147</td> <td>2,520 For filing a request for ex parte reexamination</td> <td></td> </tr> <tr> <td>112</td> <td>920*</td> <td>112</td> <td>920* Requesting publication of SIR prior to Examination action</td> <td></td> </tr> <tr> <td>113</td> <td>1,840*</td> <td>113</td> <td>1,840* Requesting publication of SIR after Examiner action</td> <td></td> </tr> <tr> <td>115</td> <td>110</td> <td>215</td> 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<b>SUBMITTED BY</b>		<b>Complete (if applicable)</b>			
Name (Print/Type)	DAVID C. OREN	Registration No.	38,694	Telephone	703-312-6600
Signature				Date	August 15, 2002

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